Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: NY SHOIZID	INC
Alternative Name(s) of Service Provider (including all names under whiprovider is doing business): N MY SHORTS	>
Address of Service Provider: PO BUX 23710 ANSONIA STA.	M NY 10023
Name of Agent Designated to Receive Notification of Claimed Infringement: Note Sasse	JUNE_
Full Address of Designated Agent to which Notification Should be Sent or similar designation is not acceptable except where it is the only address that can be used in the	
location): 100 W.73RD ST. #11)	0
Telephone Number of Designated Agent: 646 644 9909	and the second
Facsimile Number of Designated Agent:	
Email Address of Designated Agent: VINNE @ QWall . Co	W
Signature of Officer or Representative of the Designating Service Provider:	
Typed or Printed Name and Title: VINCENT SASSON	E,

Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.

Mail the form to:

SCANNED 11 14 2008

Copyright GC/I&R P.O. Box 70400 Washington, DC 20024



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